

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL/STATE (CITIGROUP
PAC-FEDERAL/STATE)

ADDRESS (number and street)

1101 PENNSYLVANIA AVE. NW

☐(Check if address
is changed)

SUITE 1000

WASHINGTON

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pac@citi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2. DATE

M M
1 1/ D D
1 5/ Y Y Y Y
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00039305

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

THERESA A. RUSSELL

Signature of Treasurer

Electronically Filed by THERESA A. RUSSELL

Date

M M
1 1/ D D
1 5/ Y Y Y Y
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

CITIGROUP INC.

Mailing Address

399 PARK AVENUE

NEW YORK

NY

10043

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL/STATE (CITIGROUP PAC-FEDERAL-STATE)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **THERESA A. RUSSELL**

Mailing Address **c/o PASS**
1020 NORTH FAIRFAX STREET
ALEXANDRIA VA 22314

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
TREASURER 703 684 2915

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **THERESA A. RUSSELL**

Mailing Address **TWO COURT SQUARE**
4TH FLOOR/ZONE 13
LONG ISLAND CITY NY 11120

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
TREASURER 347 648 0301

Telephone number

Full Name of Designated Agent **HOWARD DARMSTADTER**

Mailing Address **425 PARK AVENUE**
NEW YORK NY 10043

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
ASSISTANT TREASURER

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITIBANK N.A.

Mailing Address

111 WALL STREET

NEW YORK

NY

10043

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address

1101 PENNSYLVANIA AVE. NW

SUITE 1000

WASHINGTON

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY A

STATE▲

ZIP CODE ▲

Telephone number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

Full Name **RONALD W. STEPHENS**Mailing Address **11440 CARMEL COMMONS BLVD.****CHARLOTTE** **NC** **28226** -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASSISTANT TREASURER

Telephone number - -

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

| | | | |
|---------------------|-------------------|---------|------------|
| Full Name | THOMAS R. FAZEKAS | | |
| Mailing Address | 1919 PARK AVENUE | | |
| | WEEHAWKEN | NJ | 07086 |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| ASSISTANT TREASURER | | 201 | 974 3599 |
| | Telephone number | | |

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

| | | | |
|-----------------|-------------|-------------|---------------|
| | <div></div> | | |
| Mailing Address | <div></div> | | |
| | <div></div> | | |
| | <div></div> | <div></div> | - <div></div> |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

| | | | |
|-----------------|---------|------------|---|
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | | | - |
| CITY ▲ | STATE ▲ | ZIP CODE ▲ | |

Relationship

Type of Connected Organization:

9

Corporation

9

Corporation w/o Capital Stock

9

Labor Organization

9

Membership Organization

9

Trade Association

9

Cooperative

Designated Agent

[ADDITIONAL]

Full Name **S. COLIN DOWLING**

Mailing Address **1101 PENNSYLVANIA AVENUE NW**

SUITE 1000

WASHINGTON **DC** **20004** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

ASSISTANT TREASURER

Telephone number - -

Image# 27931561893

Form/Schedule: **F1A**

Transaction ID:

This amended registration is being filed to disclose the new committee e-mail and new address and phone numbers for the PAC Treasurer and Asst. Treasurer (Thomas Fazekas).
